

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/		/		
4	/		/			
5	/		/			
6	/		/			
7	/		/			
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9		3		3		
10		3		3		
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18	/		/			
19	/		/			
20		3				
21		3				
22	/		/			
23	/		/			
24		8		2		
25		8		2		
26		8		2		
27	/		/			
28	/		/			
29		2				
30		2		2		
31		2		2		
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35	/		/			
36	/		/			
37		2		2		
38	/		/			
39	/		/			
40		1		1		
41		5		5		
42		5		4		
43		5		4		
44		5		4		
45		5		4		
46		5		4		
47		5		4		
48		5		4		
49	/		/			
50		7		7		
TOTAL IND.			25			
TOTAL DEP.			5			
TOTAL CLAIMS			81			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						